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CONFIRMATION NO. 5282

<b>SERIAL NUMBER</b> 09/941,154	<b>FILING OR 371(c) DATE</b> 08/27/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> RTI-112RIA
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/782,594 02/12/2001 which claims benefit of 60/181,622 02/10/2000  
 This application 09/941,154  
 is a CIP of 09/378,527 08/20/1999 PAT 6,652,818  
 which is a CIP of 09/191,232 11/13/1998 PAT 6,482,584  
 This application 09/941,154  
 is a CIP of 29/123,227 05/12/2000 PAT D,461,248  
 and is a CIP of 09/528,034 03/17/2000 PAT 6,805,713  
 which is a CIP of 09/481,319 01/11/2000 PAT 6,497,726  
 This application 09/941,154  
 is a CIP of 09/363,909 07/28/1999 ABN  
 and is a CIP of 09/905,683 07/16/2001 \*

(\*)Data provided by applicant is not consistent with PTO records.

*Continued: see attachment*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 09/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 70	<b>INDEPENDENT CLAIMS</b> 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Assembled implant, including mixed-composition segment

<b>FILING FEE RECEIVED</b> 1821	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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